

Congratulations on receiving orders to an Overseas, Remote/ Isolated location, or ***Operational duty station (Sea Duty)**. It is our desire to reduce the overall time necessary to complete the medical suitability screening. **Please read the following completely prior to beginning the process.** If chronic medical or dental conditions and concerns are identified during the screening process, the receiving medical department will be contacted to ensure they are capable of caring for the active duty member or family member. Their decision will determine whether the screening is found suitable. This communication process with the receiving command should take no more than 2-3 weeks if necessary.

Instructions for Completing the Required Forms

Ø NAVMED 1300/1 (required for each individual)

- Complete the Identification information at the top of page 1 (for Active Duty member, skip block for "Family Member Name").
- Place only the **Sponsor's** Social Security number in the first block.
- **Ignore the second SSN block** (not required).

The **Family member Prefix** is to be completed as follows:

- 20 for active duty
- 30 for first spouse (31, 32, 33 etc for subsequent spouses)
- 01 for the oldest child (02, 03, 04, 05, etc for additional children in order of age from oldest to youngest.)

Ø DD Form 2807-1, JUL 2006 (Report of Medical History) required for each individual

- Blocks 1: Individual's name.
- Block 2: **Sponsor's SSN**. Use only the active duty member's SSN preceded by the Family member prefix (**i.e. 20/123-45-6789 or 01/123-45-6789**).
- Blocks 3 and 4: Date and mailing address.
- Block 5: **Leave blank.**
- Block 6a-b: Select appropriate boxes; 6c: check box "other" and write either **Sea Duty, Overseas, or Isolated Duty**.
- Block 7a: Rate/Grade (family members, put "**civilian**"); 7b: Your job description.
- Block 8: List current medications (including birth control pills); if none write "**None.**"
- Block 9: List allergies (if none, write "**NKA**").
- Blocks 10-28: Check each item that applies.
- Block 29: If "yes" explain in provided space.
- Be sure each form has individual's name and sponsor's SSN on top of pages 2 & 3. **Individuals over age 14 must complete his or her own form. Be sure to update the Exceptional Family Member Program if your family member is enrolled.** Any questions during this process can be directed to the screening coordinator at 257-9830 or via email ssc-nh-oakharbor@med.navy.mil.